



State Controller's Office
Statewide Civil Service Benefits Program
2018 FAQ's

FLEX

Reasons a Std.701R Reimbursement form will be returned on a PR250 (ding notice)

Is this employee Permanent Intermittent (PI)?

PI employees are not eligible to enroll in a Medical and/or Dependent Care Reimbursement Account. Also, those who do not have continuous employment such as LT or TAU positions may not enroll in reimbursement accounts, unless the employee has a mandatory right of return to a permanent position with a time base that is half-time or more.

Is the dollar amount in Box 5 the monthly amount to be deducted?

This amount should be what will be deducted monthly, not the total yearly amount.

Reimbursement Account	Minimum Amount	Maximum Amount
Medical	\$10	\$220.83
Dependent Care	\$20	\$416.66

Other Helpful Tips

- Check box should only be marked as “Open Enrollment” during this period (Unless there is another qualifying event and it is not related to OE).
- Permitting Event Codes and Permitting Event Dates are not needed for Std.701R forms during OE.
- Original signatures required
- Be sure to use the current form with a revision date of 4/2017c
- Write your email address clearly so that a representative from SCO can contact you, if needed.

FLEX (cont'd)

Reasons a Std.701C/702 form will be returned on a PR250 (ding notice)

Is this a CoBen employee?

If the employee is in a CoBen eligible classification a Std. 702 is required or the form will be returned.

Be sure to check form for correct Health and Dental amounts. They can only select \$130 OR \$155. CoBen employees cannot elect Dental Cash only.

CoBen Cash	Amount
Medical Only	\$130
Dental Only	NOT ALLOWED
Medical and Dental	\$155

Is this employee Permanent Intermittent (PI)?

PI employees may enroll in Annual OE Flex Cash, but the Flex form along with the corresponding Std.674 are to be held at the department until July 1st of the following year. Do not submit them during the Annual OE period or they will be returned.

Did this employee meet the Three-Year Commitment in order to cancel Dental Cash?

Once enrolled in the Dental Cash Option, the employee is obligated to stay in the Dental Cash for three plan years.

Are the amounts listed on the Std. 701C correct?

Amounts can only be a combination of the totals below. Non-CoBen employees can elect to have Dental only, if they have met the Three-Year Commitment.

Cash Option	Amount
Medical Only	\$128
Dental Only	\$12
Medical and Dental	\$140

Other Helpful Tips

- Permitting Event Codes and Permitting Event Dates are not needed for Std.701C/702 forms during OE.
- If employee is enrolling/canceling Flex or Dental, send forms together.
- If spouses are changing plans to carry one or the other, send forms together.

DENTAL

Reasons a Std.692 Dental form will be returned on a PR250 (ding notice)

SECTION A

Are you missing the action type?

Check box New, Cancel, Change or COBRA

Are you missing the Social Security Number (SSN)?

There should be an SSN listed for each dependent listed.

SECTION B

Does the Dental plan name match org code in Section E?

Use the Benefits Administration Manual (BAM) to determine correct Dental plan name and code. If the employee completes the Std. 692 on the [Benefits Calculator](#) this information will auto populate.

Are you missing the Action Code?

There should be an (A) for Add or (D) for Delete next to dependent's name. All dependents must be listed, even if no add or change is being made for them.

Is the dependent child older than 26?

If older than 26, the dependent child must be certified as a medically disabled dependent child.

SECTION D

Did the employee sign the form?

Original signature is required for processing.

Is it dated between 9/10/18 – 10/5/18?

The date reflected should be the first day of Annual OE. If any other date is reflected, it cannot be outside of the OE time frame or it will be rejected. (Does not apply to non-open enrollment transactions)

SECTION E

Does the Dental plan name match org code in Section B?

Use the BAM to determine correct Dental plan name and code. If they are in conflict, the form will be returned.

SECTION E (Cont'd)

Does the Party Code number match the dependents listed?

A preliminary review of Pay History should be done to ensure accuracy. If the amount of dependents listed are in conflict, the form will be returned.

Is this an Annual OE specific Permitting Event Code?

Page 8 of the Dental Program Permitting Event Codes/Dates chart in the BAM lists the codes to be used during this period. CalHR has also published “Instructions for Completing Open Enrollment Forms” in their [Open Enrollment Toolkit](#) for reference.

Other Helpful Tips

- If employee has Domestic Partner status “DPA680 on file” along with the tax year must be written in remarks section.
- Sending in duplicate forms delays processing. We understand the urgency and are asking that you do not send inquiries until after Master Payroll in December.
- Encourage employees to use the Benefits Calculator.
- Write legibly on the form. The employee’s name, the SSNs and your email address are areas that need to be clearly visible to prevent delays.
- If employee is enrolling/canceling Flex or Dental, send forms together.
- Use the current form with a revision date of 7/2017.